

2017 Application



To be considered for a Bee Mighty grant, each of the following must be submitted with your application:

- Copy of Insurance Benefits showing requested therapy is not covered by insurance OR Letter of Denial from insurance showing benefit is not included or benefit has been exhausted.
- Letter from Therapy/Equipment service provider detailing the benefit of services to the child and the cost.
- Include a description of your child's condition (including financial need), benefit of requested services to the child, and why your family is in need of assistance. Please provide as much detail as you are willing.

PERSONAL INFORMATION

Child's Name (First, Middle, Last) _____ Male/Female _____

Address _____ DOB _____

City/State/Zip _____

Parent's/Guardian's Name (s) _____

Address (if different from patient) _____

City/State/Zip _____ Phone _____

E-Mail _____

MEDICAL INFORMATION

Where was your child in the NICU? Hospital Name/City/State _____

Length of NICU Stay _____ Diagnosis: _____

APPLICATION REQUIREMENTS

Family Size _____ Household Income _____ Amount of Support Requested: _____

Have you previously been awarded a Bee Mighty Grant? Yes _____ No _____

List additional therapies/equipment your child currently receives _____

Requested Therapy/Equipment Provider: _____

BEE MIGHTY

Have you applied previously for a Bee Mighty grant? Yes _____ No _____ If yes, when _____

How did you hear about Bee Mighty? _____

Would you be willing to share your story? Yes _____ No _____

Would you be interested in getting involved with Bee Mighty? Yes _____ Not at this time _____

CONFIDENTIAL

Certain requests may require additional information. Bee Mighty does not suggest or recommend providers. Email is the preferred way of submitting documents: beemightyapplications@gmail.com. Questions: 704-384-7894